PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 39 Powell 0712 Deer Lodge Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # # Per Day Capacity Inspection 100 1 1 100.2 1.15 53 01/05/05 100 1 1A 98.2 1.15 53 01/05/05 100 2 72 01/05/05 1 1.36 62 100 2A 65 1.36 62 01/05/05 1 3 78 100 69.6 1.57 01/05/05 100 1 4 136 1.57 72 01/05/05 5 100 1 83.6 1.36 62 01/05/05 100 6 43.2 1.57 72 01/05/05 1 9 72 100 1 6A 0.00 01/05/05 7 0.95 100 1 8.2 19 01/05/05 100 1 8 25.8 0.95 19 01/05/05

PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	10014417 10	ntendent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:								
This claim is for the period beginning								
CEDATE	CATION							
CERTIFI	CATION:							
The inform	nation on this form is compl	ete and accurate to t	the best of my kno	wledge.				
Date		Signature, Chair, Boa	ard of Trustees					

39 Powell 0713 Powell County H S **High School** District Route Miles Rate Days **Bus Driver's** Percentage # Per Day Per Mile Capacity Inspection Operated Social Security # 2 100 CO 95 0.95 47 12/15/04 100 28-C-1-42 CO 108 0.95 48 01/01/05

PI

100

15

15

15B

15C

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PO Box 202501
Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	NT FOR SC	HOOL BUS TRA	NSPORTA'	TION:		
This clain	m is for the	period beginning	3		,	20 and e	ending		, 20	·	
			1	month	day		n	nonth	day		
CERTIF	ICATIO	N:									
The infor	rmation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:				Di	strict Level:		
39 Powe	ell		0717	Helmvill	e Elem			\mathbf{E}	lementary		
Percentage # Route Miles Rate Per Day Per Mile Capa				Capacity	Inspection	Days Operate		Bus Driver's Social Security #			

24

16

None

None

0.95

0.95

67

48

PI

20

1

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PO Box 202501
Helena, MT 59620-2501

28

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus	Transportation	County	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMP	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION	N:	
This clair	n is for the	period beginning		month	, day	20 and e	ndingn	nonth	_, 20 day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatur	re, Chair, Board	d of Trustees					
County: District: District Level:							Level:			
39 Powe	39 Powell 0718 Garrison Elem							Eleme	entary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	

21

None

PI

100

29

29

1

2

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PO Box 202501

80.2

64

0.95

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501						School Bus Transportation				
DUE DATES: First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STAT	E REIMB	URSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATIO	N:	
This clain	m is for the	period beginning		onth	, day	20 and en	8	nonth	_, 20 day	
CERTIF	ICATIO	N:								
The infor	rmation on	this form is comp	olete and ac	ccurate to the	e best of my kn	owledge.				
Date			Signature,	, Chair, Board	l of Trustees					
County: District:							District	Level:		
39 Powell 0720 Avon Elem								Eleme	entary	
Percentage #				Capacity	Inspection	Days Operated	Bus Driv Social Secu			

22

28

01/19/05

01/19/05

PI

33

1

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Holona, MT 59620-2501

82

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501							School Bus Transportation			
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO	ON:	
This clair	n is for the	period beginning	g		,	20 and en	ding		, 20	
			1	month	day		m	onth	day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
									_	
County: District:								Distric	ct Level:	
39 Powell 0721 Gold Creek Elem							Elen	nentary		
Percentage	Percentage # Route Miles Rate Per Day Per Mile Cap				Capacity	Inspection	Days Operated	Bus Driver's Social Security #		

16

01/21/05